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# State of Nevada Private Investigators' Licensing Board

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## REGISTRATION APPLICANT ELECTRONIC SUBMISSION RECEIPT

### Directions:

1. Provide this **STAMPED** form to the fingerprint technician at the time fingerprints are taken.
2. Once fingerprints are completed, **return** this form to the PILB to continue processing your application.

PILB Stamp:

PILB Representative  
 Signature:

\_\_\_\_\_

**Fingerprint Agencies are NOT permitted to process or submit fingerprints to the Central Repository unless this box is stamped and signed by a PILB representative indicating payment has been made.**

**NOTE:** Your fingerprints will not be put forth until you submit your registration fee. If your application is not completed within 30 calendar days it will be withdrawn. The withdrawal of an application means you will not acquire the qualifications for employment, your application will cease processing and you will not receive a refund.

Applicant Name (Last, First, MI): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_

SSN: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Email : \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason: NRS 648.203 ORI: \_\_\_\_\_

The above-named individual was fingerprinted and the results will be sent electronically to the Central Repository For Nevada Records of Criminal History on behalf of the Private Investigators Licensing Board.

Fingerprint Agency Stamp:

Fingerprint Representative Signature:

TCN# \_\_\_\_\_

Date: \_\_\_\_\_